

FILED FEB 13 1942  
Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1625 E. Florida**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **LEONA V. DELLINGER**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **CARL M. DELLINGER** 6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **April 10 1915**  
(Month) (Day) (Year)

8. AGE: Years **26** Months **8** Days **24** If less than one day hr. min.

9. Birthplace **Clinton Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In home**

12. Name **Marion Jarvis**

13. Birthplace **Unknown Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Anna Brummett** (City, town, or county) (State or foreign country)

15. Birthplace **Unknown Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Carl M. Dellinger**

(b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **1-16-42** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **J.W. Lingner & Co**

(b) Address **Springfield Mo.**

19. (a) **1-16-42** (b) **Dr W.E. Handley** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**  
(c) City or town **Springfield**  
(d) Street No. **1625 E. Florida** (If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **14** year **1942** hour **3** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **September 12** 19 **42** to **January 14** 19 **42**  
that I last saw her alive on **January 12** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **8 years.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations **13 ft**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Lester R. Webb** (M. D. brother) **ti**

Address **Springfield Mo.** Date signed **1/15/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 29 1943

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**